## Certification

I declare to the best of my knowledge and beli	ef that the attache	d docu	ument(s) are true	electronic copies of the
executed collective negotiations agreement(s)			-	assessment of the collective
bargaining agreement for the term beginning _	1/31/2018	_thru _	12/31/2021	_•

Employer:	Borough of New Milford			
County:	~			
Date:	4/26/2018			
Name:	Christine Demriris Print Name			
Title:	Administrator/Borough Clerk			
	Consince Denules			
	Signature			